** Student Application**

Congratulations! You’ve been nominated to attend the AAUW National Tech Trek Program (“Tech Trek”)- an exciting week-long summer camp focused on science, technology, engineering and math (STEM), for girls going into eighth grade. The camp is located on the campus of [*College/University*] from [dates of camp]. We are looking for girls just like you who are excited about science and math! Read the Tech Trek brochure and learn more about the program at <http://www.aauw.org/what-we-do/stem-education/tech-trek/>

**This application is due [Date].**

**PLEASE TYPE OR PRINT CLEARLY (IN BLUE OR BLACK INK)**

**Camper Contact Information**

Legal Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/DD/YYYY) Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Phone Numbers: Home ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Race/Ethnicity:

Dietary restrictions:

T-Shirt Size □X-Small □Small □Medium □Large □X-Large

**Application questions:**

What are your favorite subjects in school?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What interests you about attending Tech Trek? (Please be as detailed as possible, use additional pages if needed.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you participated in a science fair or other activity, such as Odyssey of the Mind, Math Counts, Science Olympiad, etc., or any other math or science competitions? 🞏 Yes 🞏 No

If yes, please describe your project or other activity:

Have you ever built a robot or participated on a robotics team? Yes No

Have you ever programmed computer code or a computer game? Yes No

List any extracurricular school or community activities you participated in this year (e.g., student council, science club, choir, sports, dance, hobbies, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_

Will you attend other camps this summer? If yes, please list their names and dates. (Use additional pages if needed.) \_\_\_\_\_\_   
  
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**Please write a 400-500 word essay on how you would use math and/or science to make the world a better place. (Use additional pages if needed.)**

**NOTE:** All Tech Trek campers are expected to be ambassadors for the AAUW National Tech Trek Program. This includes keeping a daily journal of experiences while at camp and making presentations about the camp to AAUW branches and members, school and/or community groups when you return home.

I agree to act in this role to the best of my ability: 🞏 Yes 🞏 No

**Parent/Guardian Contact Information**

Name of Custodial Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred communication(s): □ Home phone □ Work phone □ Cell phone □ Text □ Email**

Name of second Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred communication(s): □ Home phone □ Work phone □ Cell phone □ Text □ Email**

Mailing Address of Parent/Guardian if different from applicant (please designate which parent):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_ State: \_\_\_\_ Zip Code:

**(Personal information will ONLY be used to contact you regarding Tech Trek and is never shared, published or distributed.** **Email messages are sent to all addresses given; please check often).**

**Note: Campers and camp alternates are notified of their acceptance to Tech Trek by [Date]. \*At that time, a $50 camp reservation fee is required, along with additional paperwork regarding medical information including proof of immunization (minimum MMR required), camp expectations, and parental permissions.**

Parent/Guardian Signature:

**(Print out and sign. Original signature required.)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION IS DUE [DATE]**

**RETURN COMPLETED APPLICATION and ESSAY VIA SCAN/EMAIL (PREFERRED) OR USPS:**

[Name]

[Email address]

[Mailing Address]

[Phone]

***Thank you for your application to Tech Trek!!***

**Tech Trek Americans With Disability Act Accommodation Policy**

1. **POLICY**

All AAUW Tech Trek programs are produced and sponsored by local AAUW affiliates and are not produced or sponsored by the national AAUW organization. All Tech Trek programs are committed to the principles of equal access and opportunity for persons with disabilities in compliance with the Americans with Disabilities Act of 1990 (“ADA”) and Section 504 of the Rehabilitation Act of 1973, and their applicable state law counterparts. Tech Trek does not discriminate on the basis of disability against any qualified person with a disability in regard to application, acceptance, attendance, or other aspect of a girl’s participation in Tech Trek.

The AAUW Tech Trek ADA Accommodation Policy describes an interactive relationship between the camper, parents, local Tech Trek administrators and the AAUW national organization. At every AAUW Tech Trek site, Tech Trek staff will make a reasonable accommodation for a qualified person with a disability to allow the performance of the essential requirements of Tech Trek. If an accommodation alters the nature of the program or would result in undue hardship to AAUW Tech Trek or the College/University where the camp is held or threatens the health and safety of the student with a disability or other persons, then AAUW Tech Trek staff will not make that accommodation.

Therefore, so that participants and AAUW Tech Trek staff can successfully communicate and determine what, if any, reasonable accommodation is requested and can be made at the site, a parent or legal guardian must complete the attached Health History and Medical Treatment and Consent Form (“Consent Form”) and submit the completed Consent Form to the site Camp Director (whose name and contact information is identified in the welcome letter of this application packet) **NO LATER THAN TWO WEEKS BEFORE THE CAMP START DATE. For purposes of identifying the date a parent or guardian submits the Consent Form, if sent via U.S. Mail or Overnight Delivery, the Consent Form must be post-marked by the carrier no later than two weeks before the camp start date, and if sent via e-mail, the e-mail date stamp must be dated no later than two weeks before the camp start date.**

**DUE TO THE RISKS TO SAFETY AND MEDICAL PREPAREDNESS, IF THE CONSENT FORM IS NOT COMPLETED AND PROVIDED TO THE SITE CAMP DIRECTLY AT LEAST TWO WEEKS BEFORE THE CAMP START DATE, THE CAMPER WILL NOT BE ABLE TO ATTEND TECH TREK.**

1. **DEFINITIONS**
2. *Disability*

According to the Americans With Disabilities Act (ADA), a disability is 1) a physical or mental impairment that substantially limits one or more of the major life activities of the individual; 2) a record of such an impairment; or 3) being regarded as having such an impairment.

Specific examples of physical impairments include orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, TB, drug addiction, and alcoholism. Simple physical characteristics such as the color of one’s eyes, hair, or skin; baldness; left-handedness; pregnancy; or age do not constitute physical impairments.

Examples of mental impairments include mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. Common personality traits such as poor judgment or a quick temper, where these are not symptoms of a mental or psychological disorder, are not disabilities covered by the ADA.

Even if a condition is an impairment, it is not automatically a disability. To rise to the level of a disability, an impairment must substantially limit one or more major life activities. Major life activities include such activities as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. The major life activities limited by mental impairments differ from person to person. For some people, mental impairments restrict major life activities such as learning, thinking, or communicating.

*B. Qualified Person with a Disability*

For purposes of being a participant camper in a program, a qualified person is one who can satisfy the essential eligibility requirements for participation with or without reasonable accommodations.

*C. Reasonable Accommodation*

Accommodations are wide-ranging and necessary to minimize the functional limitations of the individual with a disability with regards to participation in programs with the AAUW. “Reasonable accommodation” is considered to be those accommodations that are readily achievable and do not pose an undue hardship on the organization or do not alter the fundamental purpose or intent of the service.

*D. Undue Hardship*

Tech Trek will make a reasonable accommodation to a qualified individual with a disability unless doing so would impose an undue hardship on the operation of its business, which includes the Tech Trek program. Undue hardship means an action that requires significant difficulty or expense when considered in relation to factors such as a business’ size, financial resources, and the nature and structure of its operation. The size of the organization and its budget are only two factors that determine what is reasonable.

1. **PARENT/GUARDIAN DISCLOSURE AND SERVICE ACCOMMODATION**

Communication and full disclosure of any disability is critically important for the safety and enjoyment of Tech Trek by each participant. If a participant camper requests a reasonable accommodation for a disability, it is imperative that her parent or legal guardian completely disclose, sufficiently in advance of the start of camp as described above, any medical or mental conditions, medical treatment, medical equipment, instruction for use of equipment, and other request for accommodation. Therefore, a parent or legal guardian must complete and provide the attached Health History and Medical Treatment and Consent Form to the site Camp Director (name and contact information provided in the welcome letter of this application packet) **NO LATER THAN TWO WEEKS BEFORE CAMP START DATE.**

This will allow Tech Trek staff to discuss with the parent/guardian the camper’s accommodation request and any related treatment and medical restrictions that are to be in effect during the week of camp, to determine if and what reasonable accommodate can be provided, and to make the necessary accommodation arrangements in preparation for the camper’s arrival and full participation at Tech Trek.

**IF THE CONSENT FORM IS NOT COMPLETED AND PROVIDED TO THE SITE CAMP DIRECTLY, U.S. POST-MARKED, OVERNIGHT DELIVERY, OR ELECTRONIC MAIL DATE STAMPED AT LEAST TWO WEEKS BEFORE THE CAMP START DATE, THE CAMPER WILL NOT BE ABLE TO ATTEND TECH TREK DUE TO THE RISKS TO SAFETY AND MEDICAL PREPAREDNESS.**

**If a camper arrives at camp with medical equipment or conditions that have not been previously disclosed on the submitted** Health History and Medical Treatment and Consent Form**, the camper will not be admitted to the Tech Trek program.** The site Camp Director has the exclusive authority to make the final decision as to whether the camper can be accommodated and may be permitted to attend/remain at the camp for the week.

1. **QUESTIONS**

If there are any questions regarding this policy, please contact the site Camp Director ( If the site Camp Director is unable to satisfactorily resolve your concerns, please contact AAUW California at techtrek@aauw-ca.org, and/or National AAUW at techtrek@aauw.org.